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Original Communications.

SOME RECENT WORKS ON INTESTINAL OCCLUSION.

By W. O. JOHNSON, M.D. Harv.

- I. *Statistics of Two Hundred and Fifty-eight Cases of Intestinal Occlusion, with Remarks.* By S. FOSTER HAVEN, Jr., M.D. Extracted from the American Journal of the Medical Sciences for October, 1855. Philadelphia. 1855. 8vo. Pp. 32.
- II. *Anatomie pathologique des Etranglements internes et Conséquences pratiques qui en découlent, &c. &c.* Par A. P. DUCHAUSSOY, Professeur agrégé à la Faculté de Médecine de Paris, &c. Mémoire couronné par l'Académie Impériale de Médecine, Séance du 13 Décembre, 1859. [Mémoires de l'Académie, &c.] Tome xxiv. pp. 97-380.
- III. *Intestinal Obstruction.* By WILLIAM BRINTON, M.D., F.R.S. Edited by Thomas Buzzard, M.D. Lond. London. 1867.
- IV. *Klinik der Unterleibs-Krankheiten.* Von Dr. EDOUARD HENOCHE, a. Professor an der Friedrich-Wilhelms-Universität zu Berlin. [3d Ed.] Berlin. 1863. Seite 479-576 [and] s. 639.
- V. *On Intestinal Obstruction.* By C. HILTON FAGGE, M.D., Physician to Guy's Hospital. Guy's Hospital Reports, vol. xiv., 1869. Article xix. pp. 272-377.
- VI. *Ueber "Innere Incarcerationen;" "Hernia retro-peritonæalis," &c.* [By DOCTORS HEIBERG, KUETTNER, W. GRUBER, TREITZ, &c. Archiv der Anat. Path., &c. Virchow. Berlin. Vol. 43, 44, 53, 54, &c.]

I PROPOSE to notice briefly, and somewhat critically, a few works upon intestinal occlusion, selecting those named, not because they are the most recent, but because they are, perhaps, better known than others of fresher date, and for reasons which will appear as each work is referred to in detail. All that needs to be generally premised is, that every writer upon this subject justly attaches the greatest importance to a rigorous classification as an essential preliminary to that exactness of diagnosis, on which alone an appropriate treatment can be founded.

First in order are the statistical tables of our late lamented young countryman, Dr. Haven, comprising, probably, all the cases in English, French and American periodicals of the present century to which access could be attained. This method of aggregating cases for study is evidently the one best calculated to establish a very important element in the always extremely difficult differentiation of

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these obscure affections, namely, their relations of frequency as affecting the probabilities of recurrence. Where cases are taken from monographs or special treatises, a numerical preponderance must, of course, lie with the particular forms thought worthy of such special investigations; but when taken with entire impartiality just as they happen to be reported to societies or in the journals, they will give, as nearly as it is possible to ascertain it, the exact ratio of occurrence. And just here we find our first objection to Dr. Haven's tables.

Two things are very apparent in them at the outset; first, that the observations are uncommonly replete with details, and, secondly, that they really constitute no very large proportion of the whole number of observations which actually exist in the literature of the period covered. Hence it is almost certain that they were not taken indiscriminately, and without regard to meagreness or freeness of details, and not therefore primarily to exhibit relations of frequency; but that they were selected for availability in tabulation. The ratio of occurrence, therefore, becomes a secondary matter, and only accidental to the observations so selected. Only this will account for the great discrepancies between almost all of these ratios on the one hand and the ratios of frequency, as derived from researches made on very much larger scales; for there is no negligence or inaccuracy in any of the figures, and Dr. Haven's study of his cases is nearly perfect. In fact, the very painstaking fidelity with which Dr. Haven performed his work, as he laid it out, with the constantly fallacious results which one can but notice throughout, afford the best possible demonstration of the utter inadequacy of that pseudo-system, which used to call itself the "Numerical System," for the true purpose of medical research. And if we find in the tabulations all the inconsequent fatuities of arithmetic run mad, it is the fault of the method and not of the author.

For example, in the same category are given forms of obstruction which occur almost always in young children, and other forms which hardly ever occur, except in pretty advanced age, and an average age of liability to recurrence is given which happens to be an age at which it is next to impossible for either form to occur. But the unreliable and even false conclusions to which this sort of statistics leads must be more particularly examined. We will take a few tables at random.

The table of cancerous strictures states the number of days of complete constipation to be twenty-two (22), while the average of those of non-cancerous stricture is made out to be thirty-five (35). That is, the complete obstruction caused by the unyielding and often exquisitely tender surface of a scirrhus, of itself rapidly encroaching upon life, is a less marked symptom than the constipation of the milder types of cicatricial co-arcation. But it turns out that among the milder non-cancerous cases are two of three and six months'

duration respectively. These cases are hard to credit, but they must not be thrown out because they affect an average the wrong way or establish a rule which cannot be true. But, if we do take out these certainly exceptional cases, the rates of duration would stand as 18 to 22, or twenty per cent. *less* for non-cancerous strictures, instead of sixty per cent. *more*.

Again, in the matter of the elimination of an invaginated portion of intestine, in the very small number reported, twelve recovered and two died. The average length of all the portions passed was twenty-two inches. But the lengths of intestine passed by the two patients who died are respectively thirty-nine and fifty-four inches. This leaves less than nineteen inches as the average length in cases of recovery, and nearly fifty-two inches for those who died. This very important distinction, not made in the tables, would seem to establish the rule that the danger to the patient so situated is in direct ratio to the amount of intestine he is forced to part with, but which rule would again require to be modified by the fact that a very recent observation reports a "recovery," so far as is now known, after *fifty* inches was passed.

The table for intussusception gives an average of 18 years for 49 cases. We need not say that this is just the age when it least frequently occurs. Dr. Haven states that this comparatively young age "confirms the common observation with regard to the frequency of intussusception in children." Not by any means does it do so. But Dr. Haven had carefully studied his cases and knew all his facts by heart, and his very next remark, based on analysis and not on counting, does confirm and prove his observation, which is one of the commonest known, namely, that "in the twenty-two cases it occurred under the age of one year;" and in fourteen cases where the sex was unknown, it was under the age of nine months. It is, therefore, important to know that, in 38 per cent. of the cases, the age was under one year; but only a very fallacious conclusion would derive from the statement that the youngest patient was three months old and the oldest sixty-five years.

A still more serious fallacy is founded on the table for foreign bodies. Here gall-stones are tabulated with fish-bones, prune-stones, and what not, which have been taken in from outside. This is perfectly proper in any general category inclusive of all bodies which effect the obturation or plugging of the intestine, but arranged as the table is, all its conclusions are false. The average age is stated to be twenty-seven years, and there is only "a slight and not noteworthy preponderance of females over the males."

Now almost all these cases are those of obstruction by biliary calculi; and only with reference to such obstruction are the particulars of age and sex of any consequence; peach-stones and fish-bones having no regard for either. And the facts about obstruction of the gut by these calculi are that, more than 80 per cent. of the

cases are females, and the average age is hard upon fifty years; it is in the main, therefore, one of the diseases of old women. We trust we have said enough to demonstrate the worthlessness of this system, as shown by the very great care and perfect fidelity with which it was carried out by so talented and industrious a follower as Dr. Haven was.

The memoir of M. Duchaussoy was prepared to meet a question for the best solution of which the Imperial Academy had offered its prize, which was gained by the author of this unique and remarkable work. It comprises the almost painfully minute analysis of more than five hundred observations, many of which are examined before the reader in all their important particulars. As was to be expected, the strictly pathological element is the one always kept in view. Symptoms, though always carefully stated, and treatment, though judiciously considered, are still rather held at a distance, the author confessing that, as they did not enter into the question as proposed by the Academy, he did not feel at liberty to venture largely upon their ground, reserving to himself the intention of some time complementing the present treatise with the other results of the same study and its collateral researches, in another work which he proposed to publish after the Academy should have removed the seal of secrecy. We regret to say that, so far as we know, no such work has ever appeared. With all his elaborateness of detail, however, M. Duchaussoy has not followed the numerical method at all, and was fully aware of its fallacies. There is nothing out of place or incongruous in his tabulations, which are only made, as they should always be, for convenience of reference alone, with few if any attempts to establish averages. Where deviation from type or apparent anomaly occurs, he endeavors to search out a pathological or circumstantial reason for the event. One thing strikes us as very remarkable in this work, and which is also apparent in some German works, which we shall barely glance at further on, namely, how very large a proportion of the observations published in Continental journals are reproduced from the English and American periodicals. In fact, M. Duchaussoy notices this, himself, and asks if the causes of this malady are not more common in Great Britain than on the Continent, and he fancies that the difference in diet would go far to explain the result of statistics. But there is a very great difference, we apprehend, in the respective diets of England, and of Scotland and Ireland. We have ourselves observed a difference in its liability of recurrence in different parts of our own country.

Of Dr. Brinton's work there is hardly anything to express but unqualified admiration. As was very well understood in England, he brought to its preparation the skill of the trained anatomist, the language of the classical scholar, the readiness of the University Lecturer, the profound scope of the philosopher, and the truthfulness and fidelity which had already gained him esteem and honor in every part and period of his too short professional career. He died while



preparing this very work, the substance of the Croonian Lectures of 1859, carefully rewritten and amplified for the press.

Dr. Brinton's work is also founded upon the study of more than six hundred necropsies of obstruction, and enriched by both experiments and experience of his own, and by inductions as exact as extensive. Dr. Brinton's Croonian Lectures were delivered before the College of Physicians in 1859, and he claims, with reason, that they influenced the drift of opinion on the treatment, at least, of intestinal obstruction. Compelled by repeated inquiries to republish them, he has incorporated with them all the additional information and enlarged experience of the interval following their delivery, almost, as he says, the Horatian "*nonum in annum*." We have space only to allude to his well-known attempts to refute the whole theory of anti-peristalsis, especially in its relations to fæcal vomiting as it occurs in obstruction, and we can here do so in nearly his own words.

It was formerly supposed that at a certain stage of intestinal obstruction, the natural peristaltic action of the bowel above the occluded portion was reversed, so that, instead of proceeding towards the anus, it took a contrary direction, impelling the intestinal contents in a similarly retrograde course, so as to return them to the stomach, whence they were vomited, either by prolongation of the same anti-peristalsis through the pylorus to the cardia, or by a fresh but analogous movement, having the stomach for a second starting point. Nearly thirty years ago, Dr. Brinton opposed to this theory the following considerations:—

(1.) Among the numerous writings which affirm an anti-peristalsis, there is not one which substantiates its occurrence. The supposed movement has never been observed, far less seen, to occur with obstruction, or to produce fæcal vomiting.

(2.) In vivisection and artificial obstruction, the movements are more energetically and uniformly peristaltic than in the normal state.

(3.) The natural action of the bowel is supposed to be inverted by over-irritation at the obstruction, which is therefore, "the first link in the chain of causation." But irritation is a common incident of intestinal disease, while fæcal vomiting is not only rare, but is strictly limited to obstruction of the intestines.

(4.) The notion is positively refuted by necropsies, which always show, irrefragably, that the direction of intestinal movements and course of intestinal contents is onward to the obstructed point, and not backwards from it.

(5.) Below, the bowel acts in the normal direction. So that, on the anti-peristalsis theory, a single irritation to any part of the bowel makes it the starting point of two opposite movements, with different results.

It is not within my present scope to criticize these objections, or Dr. Brinton's theory of peripheral advance and axial return, which he proposes as a substitute for anti-peristalsis as accounting for fæcal vomiting; but we cannot help suspecting that his sturdy

disbelief in retrograde intussusception, and in the physiological notion advanced, we believe, first by Beclard, that the small intestine narrows constantly as it approaches the ileo-cæcal valve, are all corollaries of one firmly rooted conviction.

Dr. Fagge's paper is a *résumé* of the cases of obstruction which found their way to Guy's Hospital during the preceding fifteen years; they have the advantage of being entirely unselected, and the reports of them being in the very handwriting of the successive demonstrators of anatomy, two of whom are now the very eminent physicians at Guy's—Drs. Habershon and Wilks—they afford entire security as to their perfect accuracy and completeness.

The excellence of Dr. Fagge's paper consists in the fulness of these reports, seventy-eight in number, and in some well-adjusted remarks in the matter of differentiation and treatment, with which he concludes it. He relies upon the excellent authorities we have just noticed—Duchaussoy and Brinton—for all other facts than those original with himself, as taken from the museum and hospital records of Guy's. He cannot, therefore, go far wrong; but he has ventured upon certain novelties, to which we shall take exception.

First, as to nomenclature. Dr. Fagge revives a term which has no place in the present state of knowledge upon this subject. There was once a time, in the nebulous stage of its literature, when the term *volvulus* was used to express a variety of conditions. It had a very large and vague generic application: first, to the primary and inclusive fact of obstruction, convertibly with *ileus*, *miserere*, strangulation, &c.; secondly, it is already in extensive use to express, on the one hand, the pathological condition of invagination, and, thirdly, on the other hand, as applying to the particular portion of the gut which is intussuscepted and strangulated—what the French call the *boudin* itself—and, fourthly, in the sense to which Dr. Fagge limits it, the torsion or twisting of either the gut or the mesentery. As every one of these several affections, or special conditions, can be much better precised by other terms, the term *volvulus*, as suggesting nothing but confusion, meaning almost anything, and therefore nothing, should be ruled out entirely.

In the second place, Dr. Fagge attempts to establish a new division, or class of obstruction, which he calls contractions; to which I object that this term also is in common use to express, first, generically, the dynamic action of which stricture is the special agency of causation, without regard to any pathological condition; and, again, it is frequently employed to distinguish the non-cancerous or cicatricial strictures, or simple narrowing, of whatever degree and from whatever cause, from the scirrhus or unyielding ragged growths or funguses, which are fatal of themselves; and, moreover, apart from this previous and well-established, if somewhat confused, application, I must further and more seriously object that the very facts which Dr. Fagge adduces do not justify his use of the term as a generically descriptive one.

Seventeen cases, nearly one-fourth of his whole number, are brought into this new category of "contractions." I have carefully examined them in comparison with many other analogous observations from other sources, and discover nothing in any one of them to take it out of another classification, to which they all really belong, that of general inflammatory adhesion, or matting. The gut is not necessarily, nor often, in fact, *contracted*; it is often *compressed*, and the actual diminution of calibre, when it exists, is a secondary condition, arising from shrinking through the compression by thick and unpliant adhesions. There are a good many of these cases in literature; they are all cases of obstruction, but none of them through what, with any regard to precision of terminology, can be called contraction.

Of the remaining works on our list, I can only say that Henoch treats of this subject with the earnestness and extent of research usually found only in special treatises. I am not in accord with his views of paralytic and inflammatory ileus, though he has many of the older English medical writers in his support. Of late years, Dr. Wenzel Gruber, Professor of Anatomy in St. Petersburg, has been publishing several series of cases in Virchow's Archives. They are usually illustrated by plates of the handsome and accurate type which add so much to the beauty and value of the Berlin periodical. He has, in one series, gone very fully into Dr. Treitz's exposition of retro-peritoneal hernia, and turns over to Dr. Treitz most of the cases now known in literature as mesenteric hernia, including, if I remember rightly, all of Sir Astley Cooper's well-known cases. The pamphlet published by Dr. Treitz, in Prague, in 1859, I have not seen; all our knowledge of it is derived from the notices in Virchow's Archives, and from Dr. E. Pye-Smith's confirmatory observations published in the Guy's Hospital Reports of 1869. I intended to place the subject before the reader in a condensed form, but guiltily feel that I have already overrun the limits kindly accorded me.

198 Beacon Street.

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GNORRHEAL OPHTHALMIA.—An unusually severe instance of this affection is reported in the *France Médicale*, occurring in the ward of M. Richet, of Hôtel Dieu, Paris. Both eyes were simultaneously and severely attacked, and the pain was excruciating, while the eyeballs were notably increased in size. Ordinary means having failed to alleviate the pain, M. Richet made an incision to diminish the intraocular pressure. This incision was made so as to affect at the same time the cornea, sclerotic and ciliary circle, incising to the extent of nearly five lines. The left eye, which was the worst, was the one operated upon. The aqueous humor escaped through the opening, and a small portion of the vitreous. The results were immediate diminution of the pain, and at the end of three weeks, a much greater improvement in the functional and general state of the eye, than was observable in the right one. A scarcely visible cicatrix united the divided tissues.

—*Med. Press and Circular.*

## Progress in Medicine.

### REPORT ON PATHOLOGY AND PATHOLOGICAL ANATOMY.

By R. H. FITZ, M.D. Harv.

[Concluded from p. 397.]

#### SPECIAL PATHOLOGICAL ANATOMY.

*Diphtheritis*.—Eberth (*Centrbl.*, 1873, No. 8) has satisfied himself that he can produce diphtheritis of the cornea of rabbits by inoculation with the diphtheritic membrane from the pharynx, endocardial deposits in malignant endocarditis, matter from the surface of diphtheritic wounds, the pus from inflamed veins in pyæmia, the fibrino-purulent exudation in puerperal peritonitis, and the blood from women dying in childbed with sepsis and diphtheria.

He concludes that the bacteria of putrefaction produce inflammation like the diphtheritic organisms, and that pyæmia is a diphtheria. A quantitative difference in the actions of diphtheritic and putrefactive bacteria renders it probable that these organisms are of a different species.

Senator (*Virch. Arch.*, v. 56, p. 56) finds the granular spores described by Buhl, Hüter and others, in the diphtheritic croup membrane from patients. In two cases, he observed them in the urine also, and agrees that they may be found in the tissues of the body. He argues that they are not characteristic of diphtheritis, as he finds the same in healthy mouths as well as in disease elsewhere. (Compare *infection* under general pathology.) He finds much stronger evidence in that fresh diphtheritic masses and bits of tissue from the air-passages (especially when the latter are primarily diseased, without resulting affection of the pharynx), do not contain these elements at all, or in a much less degree than in the pharyngeal forms. At the same time, he does not dispute the inoculability of the disease, but thinks the contagium must be sought in other directions.

The fungi may, however, be dangerous to the individual in that they enter the body, develop there, and produce destruction of the tissue, perhaps decomposition. They may become diphtheritic at the seat of the disease and thus carry the poison through the body, and, finally, produce embolism.

*Hoof and Mouth Disease in Man*.—Bircher (*Schweizer Correspbl.*, 1872, p. 123; *Schmidt's Jahrb.*, vol. 155, p. 37) has observed four cases where men became sick after partaking of milk from diseased animals. Chills and a burning sensation in the mouth occurred; the buccal mucous membrane secreted abundant mucus, and blisters formed upon it, of the size of peas, which ruptured and left ulcers. Violent diarrhoea occurred. In ten days, the disease terminated. He concludes that the hoof and mouth disease is acute and infectious, its chief symptoms depending upon a catarrhal inflammation of the digestive apparatus, and that the infectious material is contained in the secretions of the mouth and mammary glands.

*Leucæmia*.—Mosler makes a further contribution to the etiology of this disease (*Virch. Arch.*, v. 56, p. 14). He considers that this disease occurs among children under conditions previously unsuspected.

Many cases of scrofula, rickets and tabes mesenterica are to be regarded as leucæmia. He narrates, briefly, a case where the disease is supposed to have resulted from scrofula, the splenic enlargement present only to a slight degree. He reports, also, a case of splenic leucæmia following intermittent fever. In 112 cases of the disease hitherto recorded by him, only four are found where the disease could certainly be regarded as following intermittent fever. In the present case, traumatic injury co-existed.

*Tuberculosis.*—The identity of the farcy (*perlsucht*) of the bovine genus with tuberculosis has been advocated for some time, and the experiments of Gerlach point very decidedly to the probability that the former disease may be transmitted to other animals by means of the milk of the diseased cow. The possibility of a similar inoculation of the human species must also be admitted, though the evidence hitherto has been mainly indirect. Schüppel (*Virch. Arch.*, v. 56, p. 38) claims the identity of structure of these two diseases. His examination of the small nodules to be found in the serous membranes, lungs and lymphatic glands of the diseased cattle convinces him that, as to size, structure, development and regressive metamorphosis, this identity must exist. He is also persuaded, by his histological investigations, that the tubercle is not a lymphatic new-formation, but is as independent in its structure as sarcoma or cancer.

#### ORGANS OF CIRCULATION.

*Pericarditis.*—Chapman (*Amer. Jour. of Med. Sciences*, Oct., 1872, and *Wien. Med. Jahrb.*, 1873) has been investigating the structural changes in this disease. He also gives his views with regard to the appearance of the normal endothelium. With reference to pathological alterations, he considers that all the cell-elements of the tissue multiply. New formation takes place first of cells, then of connective tissue (false membrane), finally, most probably, of nerves, though this latter could not be established beyond a doubt. He did not sufficiently examine the condition of the bloodvessels to be justified in describing the part they may perform.

*Embolism in Endocarditis.*—The inaugural dissertation of Sperling is referred to (*Centrbl.*, 1872, p. 585), wherein statistics are tabulated from 300 cases examined at the Berlin Pathological Institute. In one case, the parietal endocardium was the sole seat of disease; in all the others the valves were diseased, with or without simultaneous affection of the parietal membrane. As to the disease of the individual valves:—

Alone.	In connection.
Tricuspid, 1 per cent.	10 per cent.
Pulmonary, 0 per cent.	1 per cent.
Mitral, 52 per cent.	85 per cent.
Aortic, 13 per cent.	43 per cent.

Frequently, many valves were simultaneously affected:—

- All in 0.3 per cent. of all cases.
- All except pulmonary in 5.5 per cent. of all cases.
- Tricuspid and mitral in 3 per cent. of all cases.
- Pulmonary and mitral in 0.7 per cent. of all cases.
- Pulmonary and aortic in 0.3 per cent. of all cases.
- Mitral and aortic in 23.6 per cent. of all cases.

Twenty-nine per cent. of all the cases were complicated with embolism; originating on the right side in 2.3 per cent., on the left in 26 per cent. In the former series, the lungs were the sole seat of infarction and abscesses. Of the 76 cases forming the second series, the mitral valve was the source of the embolus in 88 per cent., while in 49 per cent. the aortic valves were diseased.

The emboli were carried to the

Kidneys in 75 per cent. of the cases.

Spleen " 5 " " " "

Brain " 20 " " " "

Intestines and liver in 7 per cent. of the cases.

Skin and liver in 5 per cent. of the cases.

Bone-marrow in 3 " " " "

Finally, to the thyroid gland and the inner membranes of the eye.

*Gangrenous Endarteritis.*—Van Lair (*Arch. d. Phys.*, 1872, p. 293) gives the result of his examination of the artery in such a case. Externally, the portion diseased was slightly blue, its elasticity diminished, the canal permeable. On cross section, a circular, dark-blue zone was observed, which was found to be limited to the outer portion of the intima. The discoloration resulted from the presence of clumps of brownish-blue granules, most abundant in the immediate vicinity of the middle coat. Towards the healthy tissue, an abundant cellular infiltration was observed. The pigment granules were regarded as directly derived from a necrotic metamorphosis of the cellular elements normal to the part.

*Varicose Veins.*—Cornil (*Arch. d. Phys.*, 1872, p. 602) makes a series of investigations with regard to this subject, and states that varix, distinguished from phlebectasia, a simple dilatation, "results from a chronic inflammation of the veins." The alterations accompanied by tissue development occur more particularly in the inner layer of the middle coat. The vasa vasorum become distended and extended. Secondly, the walls may become dilated and calcified. The secondary alterations are allied to those of chronic endarteritis, but differ in that the fatty and atheromatous changes were not observed.

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**VERMICULAR ACTION OF THE URETHRA INWARDS.**—At a recent meeting of the Surgical Society of Ireland, Dr. Macnamara said that for many years he had held that foreign bodies lodged in the urethra had a tendency to be thrust forward; but on inquiring more closely into the matter, he was led to believe in a vermicular action in the urethra, acting from without inwards on a body presenting a sufficiently large superficies. A calculus was thrown forwards by the *vis a tergo* of the urinary stream which overbalanced the vermicular action, as the latter had only a small surface whereon to act. But a catheter, when left in the urethra, had a tendency to pass towards the bladder, and to prevent it from doing so, it was often necessary to apply a jugum. The object of this vermicular motion was to prevent leakage from the bladder.

In the discussion which followed, the president remarked that the number of cases where portions of catheter found their way into the bladder strongly confirmed Dr. Macnamara's remarks. Other members could not agree with this theory.



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**Bibliographical Notices.**

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*Family Thermometry; a Manual of Thermometry for Mothers, Nurses, Hospitalers, &c., and all who have charge of the Sick and the Young.*  
By EDWARD SEGUIN, M.D. New York: G. P. Putnam & Sons. 1873.  
Pp. 72.

THIS little book is intended to teach mothers, and others interested in the care of sick children, the proper method of taking the temperature of the body by means of the thermometer, and of recording it in the chart for the inspection of the physician. The importance of repeated observations during the day, in many cases, especially in children, is obvious enough, and any intelligent woman could be taught how to do this by the attending physician in a few minutes. If, however, it be thought necessary to put into her hands an intelligible book of instructions, we are constrained to say that Dr. Seguin's manual fails to supply this want. The style is so obscure, so inflated, so foreign, that we fear the few mothers who should have the patience to read it through would hardly be the wiser for the perusal. This is the more to be regretted because the book really contains much interesting information.

Dr. Seguin proposes for adoption a new thermometrical scale, in which the physiological temperature is marked by zero, corresponding to 37° Centigrade. There are seven degrees above, and four below zero, but the exact value of the degrees, as compared with those of other scales, is not given. To quote his own words: "In the thermometers yet generally used by physicians, the scale starts from the melting point of snow, or from the freezing point of mercury [?], points of no interest to a mother, since they are far removed from the range of health, disease and death. Whereas, in the physiological thermometer, which is hers the more, since it was contrived for her, the health-point, or *norme*, is the pivot or centre of the column of mercury."

The adoption of some such scale would, perhaps, be a convenience if it could be brought about; but this, we fear, would be almost impossible, and unless universally employed it would only add to the already existing confusion.

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*The Treatment of Whooping Cough with Quinine.* By B. F. DAWSON, M.D. New York. 1873. Pp. 14.

We have received the above *brochure* of 14 pages, written by Dr. B. F. Dawson, and intended to call the attention of the profession to the use of quinine in pertussis. It is claimed that the administration of this remedy is attended with the most salutary effects, relieving the urgent symptoms generally within the space of a few days. The history of six cases is given, in which the remedy was employed with the best apparent effects. Dr. Dawson suggests the following rules to be observed in testing the drug:—

1. Give the quinine (sulphate or hydrochlorate) dissolved by acid in pure water only. For children under 3 years, from gr. v. to gr. viij., and for older children and adults, from gr. x. to gr. xij. to the ounce.

2. Give not less than a teaspoonful *every single*, or, at the longest, every two hours during the day, and whenever the cough comes on in the night.

3. Give nothing afterwards for some minutes to destroy the taste, or to wash out the mouth.

4. Continue giving it, notwithstanding the first dose may be vomited.

5. Be sure that the quinine is pure, and thoroughly dissolved.

Now, while we are not unwilling to give quinine a fair trial, provided our young patients are amiable enough to swallow this unpalatable mixture every hour in the day, yet, we must be permitted at the outset to express ourselves as sceptical as to the result. Of the thousand and one specifics recommended, we have already tested a pretty large group, and have thus far failed to detect any very striking curative effects in any of them. Some of the remedies most highly extolled we believe to be as inert as homœopathic globules, while others, from their depressing effects, are positively injurious.

We have known the disease to persist month after month in spite of a most liberal exhibition of cochineal, hydrocyanic acid, nitric acid, alum, coffee, oxide of zinc, ipecacuanha, belladonna, the topical application of nitrate of silver to the larynx, counterirritants to the spine and epigastrium, and sinapised pediluvia. On the other hand, there can be no doubt that the spasms of coughing may be cut short by the inhalation of certain substances, such as the fumes of coke, benzine, or sulphuric ether; but that the duration of the disease is abbreviated by any of these agents is by no means evident. The experiments of Dr. Letzerich would certainly indicate that the vegetable fungi found in the air-passages tended to aggravate, if they did not directly induce, the spasmodic cough, and medical men are also in accord with regard to the destructive effects of quinine upon the germs of these fungi. If, however, the characteristic symptoms of this disorder are due to the presence of these foreign growths in the air-passages, instead of depositing our anti-parasitic remedies in the stomach of the sufferer, does it not seem preferable to employ rather such agents as can be directed immediately, by aid of the atomizer, or inhaler, to the parts affected?

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*A Hand-book of Post-mortem Examinations and of Morbid Anatomy.*

By FRANCIS DELAFIELD, M.D., Curator to Bellevue Hospital, &c. &c.  
New York: William Wood & Co. 1872. Pp. 376.

In noticing this work, it is specially important to pay attention to the preface, in which it is indirectly stated that the needs of the physician are to be chiefly considered; also that it is intended to present a dissecting-manual, as it were, of Pathological Anatomy and Medical Jurisprudence.

With such objects in view, all must admit that the end has been fairly if not fully attained. The amount of theory is comparatively small, the varied morbid appearances, and a rational explanation of many of them, are clearly and concisely stated. The occasional draughts from the author's personal experience, elaborated as it must have been from the wealth of material under his supervision, create rather a longing for more evidence from the same source. Our main regret, shared, perhaps, by but few, is that the needs of the student should not have been considered paramount. With so few systematic works on pathological anatomy, and with none of a recent date, it must be admitted no branch of medicine exists which is not better provided for in this respect. Such great progress has been made, especially on the Conti-

ment, since the Sydenham edition of Rokitsansky was published, that ignorance seems almost wilful. A translator cannot fill the gap; a judicious compiler could accomplish wonders, and, judging from the "Handbook," its author should be thoroughly competent to undertake the more serious task.

The general arrangement of the present work seems excellent; methods, lesions of separate organs, the alterations observed in the more common diseases, and in cases where death has occurred from poison and violence. The closing chapter, on tumors, must possess a general interest simply. Though the author rightly insists upon a knowledge of the histological details, in order that a surer prognosis may be given, yet it may be safely asserted that but few will be enabled to profit. So little suitable attention is paid to normal histology in the medical schools that it is not to be wondered at if even the younger members of the profession are unable to classify the neoplasms, whose number is legion though their names be few. The general laws of malignancy are so easily comprehended, however, that skill with the microscope is not absolutely essential. It is equally true, that with increased knowledge derived through the microscope, additional accuracy of prognosis is often obtained, and those who are able to classify the tumors with the aid of this instrument, will be enabled to draw practical conclusions by referring to the closing chapter.

In a work of this character, the absence of illustrations is not to be regretted. It would be impossible to produce colored drawings, and the customary wood-cuts, representing gross appearances, are generally so little suggestive that the resulting increased expense would merely diminish the usefulness of the book. Even in the famous Atlases of Cruveilhier and Lebert, the experienced pathologist might often be unable to give a name; the inexperienced but painstaking observer, by careful description, can be of much more service.

The publishers have not been neglectful in making the book shapely, and it is hardly to be doubted that the general practitioner will repay both author and publishers for their united efforts.

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#### BOOKS AND PAMPHLETS RECEIVED.

Ophthalmic Contributions. By George Strawbridge, M.D. Philadelphia: Lindsay & Blakiston. 1873. Pp. 26.

Text-Book of Physiology. By John Hughes Bennett, M.D., F.R.S. With 21 Photo-lithographic Plates. Philadelphia: J. B. Lippincott & Co. 1873. Pp. 606. (From James Campbell.)

Clinical Lectures on various Important Diseases. By Nathan S. Davis, A.M., M.D., Professor of Principles and Practice of Medicine and of Clinical Medicine in Chicago Medical College. Chicago: J. J. Spaulding & Co. 1873. Pp. 262. (From the Publishers.)

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**Boston Medical and Surgical Journal.**

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BOSTON: THURSDAY, APRIL 24, 1873.

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WE are happy to give a prominent place in our pages to the following announcement of a project to honor the memory of a great man.

**MEMORIAL TO VON GRAEFE.**

THE undersigned have been appointed a committee to coöperate, in America, with the central committee at Berlin, in obtaining subscriptions for the erection of a bronze statue of von Gräfe in front of the Charité Hospital in that city.

They appeal, in behalf of this object, not only to the profession, who recognize the great benefits conferred on medical science by his indefatigable and intelligent labors; but to all who have ever been patients of von Gräfe, and to the general public, who have received vast benefits, in the improved treatment of eye diseases, as the results of his genius and self-devotion as an observer and teacher.

Subscriptions, of large or small sums, will be received by either of the members of the committee.

HENRY W. WILLIAMS, Member of the Berlin Committee,  
15 Arlington St., Boston.

B. JOY JEFFRIES, 15 Chestnut St., Boston.

H. DERBY, 6 Beacon St., Boston.

C. R. AGNEW, 19 E. 39th St., New York.

H. ALTHOF, 40 W. 36th St., " "

H. D. NOYES, 73 Madison Av., New York.

CHAS. E. HACKLEY, 47 W. 31st St., New York.

WM. F. NORRIS, 1534 Locust St., Philadelphia.

E. DYER, 1429 Walnut St., Philadelphia.

WM. THOMSON, 1607 Locust St., Philadelphia.

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## THE STATE BOARD OF HEALTH.

THIS is one of the institutions to which we look with what we hope is justifiable pride. A State Board of any kind, composed of able, honest and fearless men, is, in these times, something remarkable. The members have shown themselves to be such by their diligence in unearthing abuses, and in obtaining information on important and mooted questions, not from any small section of this country, but from all parts of the civilized world. Among the triumphs of the Board, perhaps the greatest is the overthrow of foul and irresponsible slaughter-houses, and the erection of a grand abattoir which will be clean, healthy and profitable to those in charge, and will secure good meat to the public. We are glad that the legislature has given due attention to the request for the appointment of an inspector of animals and meat, who shall be under the control of the Board.

The Board urge very properly the importance of selecting good men for the Boards of Health of cities and towns, and that one member should be a physician. We wish the Board had gone on to suggest some way by which the appointment of good medical men might be assured. It is, we believe, left with the municipal government of cities and the selectmen of towns, who, through ignorance or interest, may trifle with the health of the community by keeping the control in their own hands by referring the matter to a committee of themselves, or by appointing irregular and incompetent practitioners. It will not do for us to forget the action of last year's Board of Aldermen, in this city, who, in spite of warnings and petitions, refused to establish a Board of Health till the approach of election made the reculant members shrink from the public indignation. The report of the State Board on Smallpox at the end of the volume shows that this is of no slight consequence, for we find the names of 126 cities and towns, out of the 197 in which smallpox occurred, to which Boston was one of the probable sources of contagion, and 97 in which it was the only probable one. In the former class there were from Jan. 1st, 1872, to Feb. 1st, 1873, over 1700 cases, and in the latter some 1250. Had a new Board of Health been appointed at the beginning of last summer, the result would be now very different.

Many of the papers which have appeared in these reports are the work of physicians employed to study out certain problems and to publish their results under the patronage of the Board. The papers prepared in this way have been good, perhaps without exception, but we feel it our duty to say that some have not been as good as they might have been, because they have been written by gentlemen who were not by long education familiar with their subjects. A well educated and industrious man can, in the best part of a year, sufficiently

master a subject of which he had but the most general knowledge, to write a paper that will be instructive, and that can be called good, but this will not be equal to one produced by an expert. We think, both in justice to the public and to themselves, that the Board should be more careful in this matter. Good papers will not do; we expect the very best. There is, however, no great cause for complaint, and the fourth report is equal to any of its predecessors. Dr. Derby's paper on "Sewerage, Sewage; the Pollution of Streams; the Water-supply of Towns," and Dr. Bowditch's "Analysis of a Correspondence on some of the Causes or Antecedents of Consumption" are particularly admirable; we hope to consider them in detail on some future occasion. Today, we would consider a number of papers bearing on the food and drink of the community.

The Secretary, Dr. Derby, writes on the food of the people, the Hon. Mr. Aldrich on beer-shops and prohibitory laws. "Flavoring articles," the adulteration of milk and of food, are discussed by Drs. H. K. Oliver, A. H. Nichols and Mr. H. B. Hill respectively; while parts of Dr. Bowditch's correspondence on the cause of consumption and of Dr. Jarvis's paper on Infant Mortality relate to the same subject.

Dr. Derby's report of the food of the people throughout the State, and the way in which it is eaten, though not telling much that is new, is given so vividly as to fill us with horror. "The usual or average time occupied in the process of taking food by the people of this State we think does not exceed from twelve to fifteen minutes for each meal." It is shown that the people look upon taking food as a necessary evil, causing delay, just as a train must wait to take in fuel, and, like that operation, should be finished as quickly as possible. The quality of the food is shown to be poor. Pie stands prominent on the bill of fare. Go where you may, by day or by night, pie stares the traveller in the face. We are told that "pies are eaten twice a day by most people in Massachusetts above the age of five, and if a lunch is asked for, it is usually pie, and nothing else." But think what pie is! The paste (we will not call it pastry) contains the cheapest fat that can be found, and prodigious amounts of the vilest butter. The taste of the chopped meat (so universally used) is disguised by spices so as not to be recognized, and it is implied that very frequently ignorance is bliss. These pies take, to a great extent, the place of bread, and, indeed, in most cases, no great harm is done, so poor is the latter. Good bread was certainly made here one or two generations ago; we have now become too "civilized" to waste time in making food as it should be, if we can make it any way quicker. We fear Dr. Derby is right when he says that "no improvements in the manner of preparing food for daily use stand the least chance of adoption in Massachusetts un-



less they are labor saving." "Pork and beans furnish the chief nutriment of at least two-thirds of the people of this State above the age of infancy for one day every week"—which is certainly not good for weak stomachs, even without its usual accompaniment of hot, indigestible "brown bread." The frying-pan is in great use. The dangers of the abuse of tea are dwelt upon, and it is shown that when made by long stewing before the fire it is intoxicating. Dr. Derby's report is disheartening.

We have just seen what kind of food people make for themselves; it is equally painful to see what is supplied them by dealers. Dr. Oliver, on the Flavors, tells a startling story about the use of poisonous articles in food and the manufacture of fruit syrups, liquors and wines, proving stories to be true which we have often looked on merely as pseudo-scientific gossip. The account of the uses to which the unpurified oil of bitter almonds, which contains prussic acid, is put, makes the impropriety of its being freely sold very evident. Mr. Hill gives an account of the discovery of copper in ten out of twelve samples of pickles, and of that of lead, mercury, arsenic in the pigments used in confectionery.

Dr. Nichols shows that milk is almost universally watered, and that it is possible, by adding certain substances, to make the specific gravity about what it should be, so that the hydrometers (which some milkmen carry with them) will fail to expose the fraud. The law is not sufficiently stringent, for the penalties are not severe unless the offence be committed knowingly. We hold that it is the duty of those supplying the public to *know* that the milk is not adulterated, and if they gave the same attention to it which many now give to hiding their tracks they would run little risk of being falsely convicted. Though the law, as we said, is not what it should be, yet an association of active men, who make it their business to convict fraudulent milk-dealers and publish their names would do more than any other to protect the public.

Mr. Aldrich prints a number of communications from correspondents in Massachusetts, and quotes from the report of a Committee on Intemperance in the Lower House of Convocation in the Province of Canterbury, England, to show that the effect of the sale of beer and ale is decidedly bad.

The answers that Dr. Bowditch has received to his questions concerning the effect of the use and abuse of alcohol upon consumption are very interesting, but we will imitate the wisdom of the Board in avoiding the temperance question, merely suggesting, if we have a right to interfere with our neighbor's food and drink, that a party for the prohibition of free pie would have a most philanthropic mission.

RESEARCHES CONCERNING CHOLERA. No. II.—The *British Medical Journal*, March 22, 1873, continues its review of the report of Messrs. Lewis and Cunningham. Having satisfied themselves that no bacteria, vibriones, or allied organisms exist, either actually or potentially, in the blood in a state of health or in cholera patients, these investigators wished to ascertain whether such organisms would live and multiply indefinitely when introduced into the blood of healthy animals. They showed quite conclusively by experiments that such organisms are not prone to multiply in the blood of healthy animals, or even in those in which there is a slight departure from the condition of health.

An extended account is given relating to the effects produced by the introduction of choleraic and other organic fluids into the system, these being partly injected into the veins, and partly into the peritoneal cavity. In only one out of the seventy-nine experiments upon dogs was a recent choleraic fluid employed. In the great majority of cases, fluids in a state of more or less advanced putrefaction, and more or less swarming with bacteria, were made use of. These experiments, therefore, must be considered to bear upon the subject of "putrid infection," rather than upon that of cholera, since it has already been shown by the investigations of Dr. Popoff, of St. Petersburg, that the efficacy of choleraic fluids in producing cholera in animals into which they are injected, is in direct proportion to the freshness of the fluids employed. When the excreta have undergone decomposition, the choleraic symptoms, if manifested at all, are obscured and more or less mixed with those of poisoning by putrid materials. Messrs. Lewis and Cunningham do not seem to have recognized fully the importance of employing the fluids in a fresh state. In the one experiment in which an injection of such material into the femoral veins of a dog was used, no choleraic symptoms supervened.

In the remainder of the experiments, in some cases putrefying choleraic discharges, and in others ordinary alvine discharges, more or less fetid, were injected. There was an absence of ill effects following the introduction of these putrefying materials into the blood in the majority of cases, while in others death resulted. The authors are quite as unable as other observers have been to give the rationale of the variation in the results. They found, moreover, that "when a dog had once recovered from the effects of an operation, succeeding operations had not, in a single instance, proved fatal to it, no matter whether the material introduced into its veins consisted of choleraic or non-choleraic, or of alternate doses of these." Do not facts like these throw strong light upon the many instances, constantly thrusting themselves upon the notice of medical men, in which persons peculiarly exposed to the contagion of even the most contagious diseases show themselves unamenable to their influence?

The *post-mortem* lesions met with, whilst agreeing among themselves, differed from those peculiar to cholera. Almost invariably, signs of intestinal disease were present, varying from more or less intense congestion of the villi and intestinal glands, to complete disorganization of the mucous membrane of the small intestine, generally extending over its whole extent, from the duodenum downwards, "except for a portion of from one to two feet above the ileo-cæcal valve, a portion which, in almost every instance, has escaped being materially affected." The authors were surprised at this exemption, because, in

the necropsies of cholera patients, it was just this portion of the intestine which seemed to show the most marked tendency to the congestions which are so apt to occur in this disease.

Twelve cases are recorded, in which the organic fluids, instead of being injected into the blood, were introduced into the peritoneal cavity. The material in four cases were choleraic fluids; in three, ordinary alvine discharges; in one, a decomposing solution of beef; and in four, peritonitic fluid, recent and decomposed. Only three of these animals died. All the others were killed within twenty-four hours after the operation, and all but two, whether they died or were killed, presented the same marked and constant lesion of the mucous membrane of the small intestine, though in nature it seemed to be very different from that which was encountered in the last series of experiments. This lesion is thus described: "The mucous membrane itself was not in a single instance materially affected; but a sanguineous exudation had taken place, giving the tube of the gut a more or less evenly distributed coating, which, when carefully peeled off with a forceps, left the mucous membrane and its epithelial lining intact." Microscopical examination showed the mucous membrane to be almost unaltered, whilst the layer by which it was lined was composed of altered blood-elements, blood crystals, &c., though no entire red corpuscle could be detected. This sanguineous exudation generally ended abruptly, several inches above the ileo-cæcal valve, leaving this portion of the intestine, as it had been in the other series of experiments, in a comparatively healthy state. Usually, the signs of peritonitis were well marked, and sometimes intense. More or less distinct pericarditis was met with in fully one-half of the cases, although extension of the inflammation to the pleuræ was almost always absent. This tendency of putrefying fluids to set up pericarditis without pleurisy when injected into the abdominal cavity, throws light upon the previous observations of Dr. B. W. Richardson, to the effect that a similar injection of lactic acid into the abdomen also sufficed to set up inflammation of the serous membrane of the heart. His inference from this fact, however, that as to the supposed connection between lactic acid and rheumatism, would certainly be much weakened, unless it were found that an injection of lactic acid into other parts of the body also sufficed to set up pericarditis.

The observers found that the fluids met with in the peritoneum in these cases swarmed with irregular masses of bioplasm, exhibiting great activity, and very rapidly undergoing the process of segmentation.

Although these inflammations were excited by the introduction of fluids swarming with bacteria, the authors were convinced that no material increase took place so long as the inflammatory process was progressing actively. In several instances, not a bacterium could be detected in the recent fluid, and in all, the numbers present seemed to be in an inverse ratio to the number and activity of the bioplasts.

In this series of experiments, also, no special effect was produced by the putrefying choleraic fluids different from those brought about by other less specific putrefying liquids; and the affection of the intestine "appeared rather to be the result of local disturbances of the circulation, excited by the inflammatory action induced by the introduction of the extraneous matter into the peritoneal cavity, than by the action of any specific agent."

UNILATERAL CHOREA OCCURRING SUDDENLY. DEATH FROM CAPILLARY BRONCHITIS. AUTOPSY.—A married tailor, of intemperate habits, near 70 years of age, was seized suddenly with muscular agitations, beginning in the left hand, and extending quickly to the left side of the face and left leg. The commotion of the limbs was severe and incessant, and it was found impossible to keep the bed-clothes over him at night. The tremors of the arm were so constant, that he soon rubbed his elbow out through a thick, strong Jersey, and then rubbed the skin off his elbow. Several hours' sleep were obtained each night by the use of chloral and bromide of potassium. Exposure to cold in various ways brought on a capillary bronchitis, which terminated fatally on the nineteenth day after his first seizure. A careful autopsy, made four hours after death, revealed the following lesions:—

The cerebro-spinal fluid was more abundant than usual, as indicated by the amount of fluctuation observed before the theca vertebralis was opened. The spinal dura mater was adherent to the back of the bodies of the seventh and eighth dorsal vertebræ, and was hereabouts thickened, gristly, and semi-cartilaginous. The cranial dura mater was so firmly adherent to the calvaria that the falx cerebri had to be cut, leaving the superior longitudinal sinus attached to the skull-cap, or the brain would have been injured in its removal. . . . All the cerebral arteries, both basal and cortical, presented the whitish, cylindrical thickenings of atheroma, in rings, patches and spots. The right vertebral artery, as it lay beside the medulla oblongata, was very much reduced in calibre, looking like a piece of sea-twine; while the left one, thickened, white and corrugated on its inner surface, was about six times as large, and resembled the posterior tibial in size. All the branches of each middle and cerebral artery were more or less diseased, as well as the main vessels; in none could any distinct recent obstruction be made out with the naked eye. The cortical arteries were sufficiently thickened in many places to oppose a very perceptible resistance to the knife used in slicing the hemispheres. Each corpus striatum presented several dull, purple blotches immediately beneath the ependyma. . . . The atheromatous change was very conspicuous in the aorta and its large branches; stiff, pale-yellow plates alternating with reddish-yellow depressions. The aortic valves held water well, and were smooth, though thickened; the wall of the left ventricle was one inch thick at the base, the same at the middle part, and seven lines at the apex. . . . The kidneys each presented the characters of granular disease in a marked form; they were hard, tough and resistant, reddish-brown, cystic; the tunica propria was milky, thickened, adherent. . . . The renal arteries external to the pelvis were very atheromatous.—A. W. Foot, M.D., *Irish Hospital Gazette*, March 15, 1873.

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THE PATHOLOGY OF PUERPERAL FEVER.—The *Med. Times and Gazette*, March 22, 1873, notices the views of D'Espine on this subject. ("Contribution à l'Etude de la Septicémie Puerpérale," Paris, 1873.)

D'Espine gives in detail the results of injections into the pregnant uterus or subcutaneous cellular tissue in rabbits, &c., of vaginal and uterine discharges, and of lochia at various periods after delivery. He found that a filtered solution of normal blood, of vaginal mucus, or of

liquor amnii, injected into the cellular tissue does not produce fever, nor does blood from the vagina during delivery; that a similar injection of lochia, taken at the end of the first day, always causes fever, but without symptoms of notable alteration of health, the fever disappearing almost at once. An injection of lochia taken at the end of the third day always produces a severe and persistent fever, with abscesses at the seat of injection, and invariably kills the animal, with symptoms of septicæmia. It would seem, then, that the presence of certain fluids in the genital passages is one of the elements in the production of puerperal septicæmia, that the lochia belongs to this class of fluids, and that the liability to puerperal fever increases with the age and foulness of the same.

In regard to the presence of open or wounded absorbing surfaces in the genital tract, D'Espine notes that laceration of the cervix uteri, or an open condition of the mouths of the placental sinuses, with uterine atony, is frequently present in puerperal fever, as clinically observed; that cases of severe labor, especially those complicated with hæmorrhage, are most liable to the disease; and that *post-mortem* it is exactly in the lymphatics leading from the cervix and from the placental site that pus and other evidences of infectious inflammation are to be found.

The author contends that there are all degrees of puerperal septicæmia; that normally there is no elevation of temperature in the puerperal state; and that the so-called "milk-fever" has nothing to do with that secretion, but is a true, though mild septicæmia.

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THE TRUE LAW OF POPULATION.—In the *Medical Press and Circular* of February 5th ult., Dr. Nathan Allen, of Lowell, elaborates a theory which, based on certain physiological principles, is believed to explain the recognized facts of the increase of population and the quality of hereditary descent. Instead of accepting the views of other authorities that external conditions, as food, climate, exercise, control primarily the growth of population, Dr. Allen makes these agents secondary and indirect, and reduces all the factors to a single law, inherent in the human body itself. This law, shaping life, character and destiny, is defined thus: "It consists in the perfectionism of structure and harmony of function."

An absolute realization of this principle is manifestly impossible in nature; but the nearer the approach to the standard, the more completely the law of propagation can be carried out. Among the obstacles interfering with its practical fulfilment, diseases, and especially hereditary diseases, are important.

Physiology affords some general principles favoring this view of the law of propagation. Just as excessive exercise of any part or organ requires compensatory nutrition at the expense of the nutrition of other parts or organs, so do certain temperaments, when unduly developed in the course of successive reproduction, compromise the development of other vital endowments. Thus, if the hereditary nervous temperament is allowed to expand unduly through the influence of intermarriage, it will predominate over the sensuous and will operate unfavorably upon the increase of progeny; it is a fact that in the highest states of culture and civilization, the tendency has been to a minimum of offspring. This principle is illustrated, also, in the case

of abnormal classes, as idiots, the insane, the deaf and dumb; in the intermarriage of relations whereby the same weaknesses are intensified in propagation, and in other conditions of hereditary descent.

The theory of human increase here adduced finds favor in the well-known improvements which have been made in stock-breeding and in horticulture in recent years.

Finally, the writer truly states that if his theory of an inherent law of increase be true, it opens a wide field for study in physiology, while it offers to man himself the highest motives for improvement as the counterpart of his free agency.

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**FALSE TEETH.**—False teeth have their disadvantages as well as their advantages. They caused the death of Cuvier and the discomfiture of Lord Brougham. Cuvier, impatient at the interruptions of that perpetual interrupter, M. Glais-Bizoin, in the National Assembly, rose so impatiently to answer him, that he jerked his teeth on to the floor of the Assembly, and, stooping not less precipitately to pick them up, fell head foremost, and struck his head against the floor so heavily as to give rise to the illness which proved fatal to him. M. Glais-Bizoin, then a very young man, promised himself to abstain from his fatal habit of incessantly interrupting; but he was incorrigible. Lord Brougham, in the course of the proceedings of a great meeting of the Social Science Association, of which he was President, was stopped in the middle of a speech by his teeth falling out. After groping on the floor, and on presently resuming his speech, he made the best of the incident by observing that "our teeth are the source of troubles from infancy to old age."—*Brit. Med. Jour.*

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**ACARO-DERMATITIS AUTUMNALIS.** By J. W. SOUTHWORTH, M.D., Toledo, Ohio.—This affection is found mostly on the lower extremities of laborers and others who frequent vineyards and harvest fields of grass or grain, in the latter part of the summer and autumn. It presents itself as a more or less pruritic and intense erythematous, in patches of greater or less size, according to the number of parasites present. Occasionally, wheals are formed in the immediate vicinity of the animalcules, especially in sensitive subjects who have indulged in much scratching. The skin may be lacerated and swollen. Violent inflammation of the latter, and its underlying tissues, resulting in sloughing, suppuration or gangrene, to such an extent as to imperil life, or necessitate amputation of the affected limb, has been known to occur. This latter is reported to have happened among some troops at Martinique.

*Cause.*—The attacks of the *acaros autumnalis* or harvest mite, which, on account of its bright red color, is also called rouget, or bête rouge by the French. *Septus autumnalis* is another synonym. Neumann states that Gruby has described this parasite in the *Allg. Med. Zeitung*, 1863, under the head of arachnide.

The diagnosis is quite easy, as the *acaros* is readily found, with its blood-distended abdomen, partially imbedded in the inflamed tissues; a minute, red, oval body, requiring a little care and close inspection to detect in some instances. It may be found on almost any portion of the skin, but is chiefly met with on the inferior extremities.



The treatment is by careful removal of the parasite with forceps where there are only a few; and when the reverse is the case, the application of some efficient parasiticide, as a spirituous solution of carbolic acid, corrosive sublimate, or camphor sufficiently diluted with water to prevent any increase of the existing inflammation.

The after-treatment may be of any of the usual cooling, bland or astringent lotions, such as solution of acet. plumbi, or acet. ammoniæ in water, vinegar and spirits of wine, camphor water, &c., all of which must be applied according to the principles of surgery adapted to traumatic dermatitis.—*Detroit Review of Medicine and Pharmacy.*

### Correspondence.

THE note below is sent to the JOURNAL, trusting it may be of service to some of our profession, who are hunting up quarters for the sick. C. E. B.

ST. PAUL, MINN., April 5th, 1873.

DEAR SIR,—I promised Mr. ———, of your city, to give you my views of his case, and my reasons for thinking this not the climate best adapted to his case.

As you know, he is suffering from pretty severe chronic bronchitis with something that seemed to me to be lobular pneumonia of the lower portion of the right lung. I could never discover anything like tubercles in his lungs.

He seemed to improve on first coming here, mainly, I think, on account of improved digestion, but, after a couple of months, came to cough more and raise freely of bronchial mucus and muco-pus. It was plain to me the bronchial catarrh was aggravated by the dry, cold atmosphere. So he decided to go farther South. I do not think his general condition any worse than when he came—but he was not improving at the time he left.

Such cases as his are rarely benefitted by a residence here. In fact, catarrh and bronchitis are the common diseases of this climate.

Cases of incipient phthisis and of derangement of liver and stomach are greatly improved by this climate, and you are safe in sending such cases here.

Yours respectfully,

D. W. HAND.

#### "INFANTILE UTERINE HÆMORRHAGE."

MESSRS. EDITORS,—When Dr. Holmes's communication upon the above subject appeared in the March 20th number of this JOURNAL, I had just observed a case similar to those described, of which this is the history.

Mrs. D——, of fleshy habit, and somewhat nemotic family history, after a tedious labor, was delivered of her first child. Troublesome hæmorrhage followed, which ergot and pressure controlled.

For ten days, slight hæmorrhage followed every (passive) change of position in bed, the symptom gradually disappearing on the administration of a mineral acid.

The child, a female, appeared perfectly well until the fifth day, when, without any attending symptoms, slight hæmorrhage from the vagina occurred. This continued in pretty uniform quantity (two or three drachms *per diem*) until the eighth day, when it ceased spontaneously. Both mother and child are now well, though the former suffered for a few days from supra-orbital neuralgia, caused by loss of blood. The case acquires especial interest from the fact (in addition to the hæmorrhagic tendency of the mother) that a sister of the mother and her child both presented similar phenomena a few days after birth. A third sister has had children, with no unusual event attending birth or infancy.

Bangor, Me.

Yours truly,

G. W. FOSTER, M.D.

THE following is from the report of the Superintendent of Health and City Registrar of Providence, on the deaths in that city for March last:—

"The decedent from poisoning in March was a child killed by a dose of Mrs. Winslow's Soothing Syrup. It has long been well known to physicians that the soothing properties of this popular medicine are due to opium in some form, and that the quantity of opium is so large as to make it a decidedly dangerous nostrum. There is no doubt that a considerable number of deaths every year should be recorded: 'Poisoned by Mrs. Winslow's Soothing Syrup.'"

THE Philadelphia Obstetrical Society has issued a circular asking for "aid in the formation of a Museum of Distorted Pelves, Obstetrical and Gynaecological Instruments." If the owners of remarkable pelves be unwilling to part with them, casts or photographs will be acceptable. In certain cases, pecuniary recompense will be given. Not only modern improved instruments are desired, but those which are merely of historical interest. Drs. W. F. Jenks, J. V. Ingham, and Horace Williams are a committee on this matter. Donations should be sent to Dr. Ingham, No. 1342 Spruce Street, Philadelphia. A museum of the kind proposed would be of great value.

At the annual meeting of the Middlesex South District Medical Society, the following officers were elected for the present year, viz.:—

*President*, Morrill Wyman, M.D.

*Vice President*, G. J. Townsend, M.D.

*Secretary*, C. E. Vaughan, M.D.

*Treasurer*, J. W. Willis, M.D.

*Censors*, Drs. S. W. Driver, H. P. Walcott, H. E. Marion, B. F. D. Adams, L. R. Stone.

#### NOTES AND QUERIES.

Will any gentleman who has seen a case of ergotism please describe it. Was it from taking ergot as a medicine? If so, how long was it continued, in what preparation, and in what dose? The inquirer has given the fluid extract of Squibb's, in dose of fifteen (15) drops, three (3) times a day, without intermission, for months, with no other apparent effect than that upon the pulse.

ANSWER.

#### MORTALITY IN MASSACHUSETTS.—Deaths in sixteen Cities and Towns for the week ending April 12, 1873.

Boston, 140—Charlestown, 7—Worcester, 15—Lowell, 27—Milford, 3—Chelsea, 4—Cambridge, 27—Salem, 8—Lawrence, 7—Lynn, 18—Fitchburg, 4—Taunton, 6—Newburyport, 5—Somerville, 5—Fall River, 29—Haverhill, 10. Total, 315.

*Prevalent Diseases*.—Consumption, 45—pneumonia, 32—cerebro-spinal disease, 26—scarlet fever, 16.

There were three deaths from smallpox in Cambridge and two in Boston. Deaths from cerebro-spinal disease were reported as follows:—Twelve in Boston, seven in Haverhill, four in Lynn, two in Chelsea, and one in Worcester.

GEORGE DERBY, M.D.,  
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, April 19th, 1873. Males, 77; females, 76. Accident, 3—apoplexy, 4—anæmia, 1—bronchitis, 4—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 3—chorea, 1—cancer, 3—cerebro-spinal meningitis, 16—consumption, 21—croup, 2—debility, 2—diarrhoea, 2—dropsy, 3—dropsy of the brain, 5—drowned, 1—scarlet fever, 18—typhoid fever, 5—gastritis, 1—disease of the heart, 9—hæmorrhage, 2—jaundice, 2—disease of the kidneys, 4—disease of the liver, 4—congestion of the lungs, 2—inflammation of the lungs, 14—marasmus, 4—old age, 3—paralysis, 1—pleurisy, 1—premature birth, 1—peritonitis, 2—pyæmia, 1—puerperal disease, 1—smallpox, 2—unknown, 3.

Under 5 years of age, 57—between 5 and 20 years, 18—between 20 and 40 years, 37—between 40 and 60 years, 21—over 60 years, 20. Born in the United States, 104—Ireland, 32—other places, 17.